

Attorney's Docket No. 297P010068-US(PAR)



#3
PATENT

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(check one applicable item below)

- ☒ original.
☐ design.
☐ supplemental.

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.
☐ national stage of PCT.

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.
☐ divisional.
☐ continuation.
☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

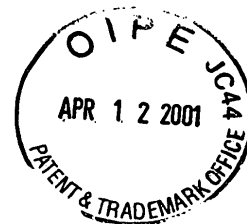
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

User interface for a mobile station

SPECIFICATION IDENTIFICATION



the specification of which:

(complete (a), (b) or (c))

(a) is attached hereto.

(b) X was filed on 19 January 2001, as Serial No 09/766,147
or Express Mail No., as Serial No. not yet known
and was amended on *(if applicable)*.

NOTE: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. ,
filed on and as amended under PCT Article 19 on
 (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

 X and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

 in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

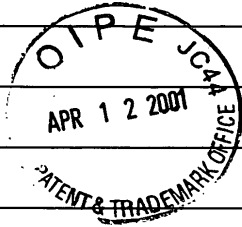
(d) no such applications have been filed.

(e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY(OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO



**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

_____/_____
_____/_____
_____/_____

FILING DATE

29 December 2000

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

___ The claim for the benefit of any such applications are set forth in the attached
ADDED PAGES TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN
PART (C-I-P) APPLICATION.


POWER OF ATTORNEY

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor:

Given name: Kimmo
Middle initial or name:
Family (or last name): RUOTOISTENMÄKI

Inventor's signature: 
Date: 7 March 2001
Country of Citizenship: Finland
Residence: Peikontie 3 C 20, FIN-90550 OULU, Finland
Post Office Address: Peikontie 3 C 20, FIN-90550 OULU, Finland

Full name of second joint inventor, if any:

Given name:
Middle initial or name:
Family (or last name):

Inventor's signature: _____
Date: _____
Country of Citizenship: _____
Residence: _____
Post Office Address: _____

Full name of third joint inventor, if any:

Given name:
Middle initial or name:
Family (or last name):

Inventor's signature: _____
Date: _____
Country of Citizenship: _____
Residence: _____
Post Office Address: _____

Full name of fourth joint inventor, if any:

Given name:
Middle initial or name:
Family (or last name):

Inventor's signature: _____
Date: _____
Country of Citizenship: _____
Residence: _____
Post Office Address: _____

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

☐ **Signature** for fifth and subsequent joint inventors. *Number of pages added* ____.

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* ____.

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* ____.

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

____ *Number of pages added* ____

☐ Authorization of attorney(s) to accept and follow instructions from representative.

(if no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)

☒ This declaration ends with this page.